

**TEST ADMINISTRATION STATEMENT**

For use of this form, see AR 611-5; the proponent agency is USASSC-NCR.

*FOR IN-SERVICE EXAMINEES ONLY***DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: 10 USC 301

PRINCIPAL PURPOSES(S): To determine an individual's mental and physical ability prior to being tested. Additionally, used in place of a separate privacy statement on the answer sheet. The answer sheet is then used to collect and measure an individual's aptitude for enlistment, reenlistment, training as a commissioned or warrant officer for assignment to various other Army jobs.

ROUTINE USES: The scores an individual makes will be transcribed onto the appropriate Army records and furnished to evaluation boards and officials.

DISCLOSURE: Completing this form is mandatory. Your SSN is used to verify that the score you make is correctly transcribed on your Army personnel record. Should you fail to answer any or all of these questions you may not be selected or may be disqualified for preferred training or duty assignment.

NAME AND RANK OF EXAMINEE

SSN

DATE

UNIT OF ASSIGNMENT

NAME OF TEST OR BATTERY

TEST CONTROL OFFICER NO. (TCO)

I understand that I am not required to take the above named test, this date, provided that there are extenuating circumstances such as fatigue, illness, emotional distress, family or financial problems etc., which may interfere with my performance in the test; and that the test will be administered at another time acceptable to me, the TCO concerned and my unit commander.

☐ I AM PHYSICALLY AND MENTALLY ABLE TO BE TESTED THIS DATE.☐ I AM NOT PHYSICALLY AND OR MENTALLY ABLE TO BE TESTED THIS DATE. I WILL BE ADMINISTERED THIS TEST AT ANOTHER TIME.

SIGNATURE OF EXAMINEE

SIGNATURE OF TEST EXAMINER

DATE